

## Clinical Commissioning Group

### **BEXLEY PATIENT COUNCIL**

Tuesday 17<sup>th</sup> February 2015

#### **Draft Minutes**

##### **Attended:**

|                 |      |   |
|-----------------|------|---|
| Lionel Eastmond | (LE) | Vice Chair & Crayford Forum                       |
| Terry Murphy    | (TM) | Bexley Pensioner's Forum                          |
| Dennis Roberts  | (DR) | Erith Town Forum                                  |
| Professor Singh | (PS) | Bexley Multi Faith Forum                          |
| Liz Shires      | (LS) | Plas Meddyg - PPG                                 |
| Carol Penny     | (CP) | SNAP  |
| Hilary Rowley   | (HR) | Albion Surgery - PPG                              |
| Terry Bamford   | (TB) | Healthwatch Bexley                                |
| Dawn Brooker    | (DB) | South London Cancer Network                       |
| Mei Wells       | (MW) | NHS retirement fellowship & Bexley Diabetes Group |
| Janet Fox       | (JF) | Station Road, Sidcup PPG                          |
| Sheila Burston  | (SB) | Diabetes UK Bexley                                |
| Andy Mitchell   | (AM) | Haven   |

##### **Apologies:**

|                   |       |   |
|-------------------|-------|---|
| Sandra Wakeford   | (SW)  | Chair & CCG PPI Lay member              |
| Paul Goulden      | (PG)  | Age UK Bexley                           |
| Steve Davies      | (SD)  | Bexley Mencap                           |
| Cindy Lowe        | (CL)  | Bexley Moorings                         |
| Dave Baker        | (DBA) | Carers Support - Bexley                 |
| Julie Bristow     | (JB)  | BVSC                                    |
| Dr N Kanani       | (NK)  | GP and Patient Engagement Lead          |
| Diane Hannaford   | (DH)  | Stakeholder Insight Officer, Bexley CCG |
| Simon Evans-Evans | (SEE) | Director of Governance & Quality        |

##### **No apologies received:**

|                 |       |                                    |
|-----------------|-------|------------------------------------|
| Tia Giles       | (TG)  | PPG Chair - Lyndhurst Road surgery |
| George Heitmann | (GH)  | Bellegrove Road PPG Chair          |
| Mark Bradley    | (MB)  | Oxleas NHS Foundation Trust        |
| Chris Lee       | (CLE) | Bexley Youth Council               |

##### **Present:**

|               |      |  |
|---------------|------|--|
| Annie Gardner | (AG) | Head of Patient Experience, Bexley CCG |
| Dee Mayston   | (DM) | Engagement Officer                     |

##### **Presenters:**

|            |      |  |
|------------|------|--|
| Jon Winter | (JW) | AD Comm's & Corporate Services, Bexley CCG |
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| <b>1. Standing Items</b> |  |   |
|--------------------------|--|---|
| <b>1.1</b>               | <b>Welcome, introductions and apologies</b>  | <b>ACTION</b>   |
|                          | Everyone was welcomed and apologies for absence noted. LE advised Patient Council (PC) members that SW would not be at the meeting following a personal family bereavement.  |   |
| <b>1.2</b>               | <b>Declarations of interest</b>  | <b>ACTION</b>   |
|                          | There were no new declarations of interest   |   |
| <b>1.3</b>               | <b>Notes of meeting – 16 December 2014</b>   | <b>ACTION</b>   |
|                          | <p>It was noted that amendments to the previous minutes had been implemented and a revised version presented to the Governing Body. Sheila Burston (SB) noted that questions raised by PC members do not always get followed up. SB explained that she had raised a question regarding Ophthalmology but had not received a direct response. Annie Gardner (AG) asked (SB) to forward any questions to her directly, which she would follow up with the relevant Commissioner.</p> <p>After discussion it was agreed that in future questions/actions would be recorded separately and a schedule presented with the minutes to confirm points raised and outcome/follow up.</p> | <p>Sheila Burston to send her question to Annie Gardner. Dee Mayston to draw up a form to record questions asked and action taken</p> |
| <b>1.4</b>               | <b>Matters Arising</b>   | <b>ACTION</b>   |
|                          | Andy Mitchell (AM) referred to the minutes of the last meeting, specifically reference to recruitment of patient representatives to the Cardiology programme. AM expressed an interest in this field and confirmed that he would like to volunteer to be part of this group/work.  | Annie Gardner to share AM's email address with Jane Price   |
| <b>1.5</b>               | <b>Chairman and Patient Council Member update/feedback, including work plan for 2015</b>   | <b>ACTION</b>   |
|                          | <p>Mei Wells (MW)</p> <ul style="list-style-type: none"> <li>• Changes to arrangements for blood testing at Erith Hospital had been shared with Fellowship members</li> <li>• MW also shared info about a patient who needed a hip replacement, reporting that throughout their care journey they attended appointments at Kings, Queen Mary's and Orpington Hospitals. MW asked why all appointments (pre-assessment/bloods etc) could not have been undertaken on one site only</li> <li>•</li> </ul>  | AG to share with Douline Schoeman   |
|                          | <p>Dennis Roberts (DR)</p> <ul style="list-style-type: none"> <li>• Erith Town Forum held their 100<sup>th</sup> meeting recently. Dr Stoate attended to give an update on the work of the CCG, which had been very well received.</li> </ul>  |   |

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|  | <p>Terry Murphy (TM)</p> <ul style="list-style-type: none"> <li>• Attended a meeting at Guy's Hospital about compassionate care.</li> <li>• Concerned that visits by carers are limited to 15 minutes and were all down to cost saving. What can be done in 15 minutes. TM cited a case where a carer had contacted their employer to explain they needed to stay with a patient an extra 10 minutes but were told no.</li> <li>• TM made reference to the Care Act and new legislation.</li> </ul>   | AG agreed to add Care Act as an agenda item to a future meeting   |
|  | <p>Andy Mitchell (AM)</p> <ul style="list-style-type: none"> <li>• Discussion had taken place in a previous meeting about people in a same sex relationship going to hospital, which was to be followed up. However, as AM had then been absent from meetings for several months he wanted to know what the outcome was of this enquiry.</li> </ul>   | AG to look at previous notes and come back to AM with a response. |
|  | <p>Dawn Brooker (DB)</p> <ul style="list-style-type: none"> <li>• Updated members on the QMH Radiotherapy Focus Group she attended for patients in South East London for breast, prostate and lung cancer.</li> </ul>   |   |
|  | <p>Janet Fox (JF)</p> <ul style="list-style-type: none"> <li>• Advised some Doctors had left her GP practice. The appointment system had also changed and a number of complaints was being received.</li> </ul>   |   |
|  | <p>Sheila Burston (SB)</p> <ul style="list-style-type: none"> <li>• Talked about Diabetes and the Health and Social Care Board.</li> <li>• Bexley CCG looking to re-form the Bexley Diabetic network and this could be linked with the Health and Well Being Board which meets once a month.</li> </ul>   |   |
|  | <p>Liz Shires</p> <ul style="list-style-type: none"> <li>• PPG raised £900 recently and they will be buying equipment for the surgery with it.</li> </ul>   |   |
|  | <p>Terry Bamford</p> <ul style="list-style-type: none"> <li>• Spoke about the Patient Survey Health watch launched in January about access to GPs. A report went to the Health and Wellbeing Board recently. 329 completed survey forms received. Main issues raised were: <ul style="list-style-type: none"> <li>○ Problems getting through on the phone to surgery</li> <li>○ Lack of appointments on the day</li> <li>○ Variable quality of receptionists</li> <li>○ Many wanted longer opening hours</li> </ul> </li> </ul> <p>AG asked if the report was available online. TB advised that it was available on the Healthwatch website</p> | AG to share link with PC members                                  |

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|  | <p>Lionel Eastmond (LE)</p> <ul style="list-style-type: none"> <li>Crayford Town Surgery was officially opened on 4 Feb. LE reported that both patients and staff seem happy with the new surgery</li> </ul>   |   |
| <b>2. Tour of Queen Mary's Hospital Site</b> |  |   |
| 2.1  | <p>Keith Soper, Oxleas NHS Foundation Trust escorted members on a tour of the Queen Mary's site. The tour included a visit to Meadow View ward, B Block main reception, the Cancer Centre and Kidney Treatment Centre. Members were given a copy of the new leaflet "Cancer Care Closer to Home".</p> <p>Keith then took several questions from members, mostly around timescales for planned refurbishments and agreed to provide copies of above mentioned leaflet so members could distribute within their respective organisations.</p>  | Keith Soper to send leaflets to CCG.  |
| <b>3. Items for discussion</b>               |  |   |
| 3.1  | <p>Queen Mary's Hospital update</p> <p>Jon Winter (JW)</p> <p>Oxleas are planning a road show in Bexleyheath to engage the public and talk to them about what is happening on the Queen Mary's site. JF asked if PC members would be required to help out during the road show. JW said that an external company were working with Oxleas to organise the event and any support needed.</p> <p>An open day on the QMH site had been suggested. PC members felt this was a good idea and discussion took place. JW advised that he would share feedback discussions to the Queen Mary's Communications group</p> <p>The Communications group are working on branding and signage to ensure it is clear and accessible and the group are developing guidelines. JW agreed to share communication plans with members. JF advised that Oxleas will not allow Kings to have their logo on patient correspondence in relation to the MSK service, adding that patients need to know who the provider of their care is so it is important that all/any relevant logos are included. JW agreed to take back this comment to Douline Schoeman, who has been working on the development of the MSK pathway.</p> <p>Discussion took place regarding the contents of the short questionnaire that would be handed out at the road show. IN addition that some consideration should be given to updating the Queen Mary's leaflet that had been circulating for some time now. It was also suggested that a new 'wrap around' for the News Shopper would be beneficial for residents.</p> | <p>JW to share date with AG</p> <p>JW to advise whether PC reps required.</p> <p>JW to feedback PC member comments to Comms Lead group</p> <p>JW agreed to share with PC members.</p> <p>JW to feedback to Douline Schoeman</p> |

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| <b>3.2</b>                                 | <b>111 Service redesign and engagement opportunities</b>  | <b>ACTION</b>   |
|  | <p>AG reported that the current 111 contract would be coming to an end soon and that south London CCG's are looking to commission the next generation of the 111 service. A formal process has not yet started but commissioners want to understand local perspectives to ensure the service offers a good patient experience in the future.</p> <p>AG advised that an initial workshop to engage with local people was held in January, this included representatives from all 6 SE London CCG's. Further workshops are planned and a group has been formed - a representative from Bexley was required. The contract would be looking across London. Andy Mitchell expressed an interest and offered to be PC representative.</p> <p>AG asked PC members to send any comments and feedback to her to share. The CCG would add the link to the 111 survey to its website and asked PC members to refer people to it.</p> | DM to add 111 survey link to CCG website.                     |
| <b>3.3</b>                                 | <b>Our Healthier South East London - OHSEL</b>  | <b>ACTION</b>   |
|  | <p>AG gave some background to the project and confirmed that hand outs had been included in the papers circulated to members. The programme has 6 broad clinical areas identified where there are challenges, this includes community based care, maternity, children and young people's service, cancer, planned care and urgent and emergency care and all have working groups. Feedback helps inform the strategy and plan.</p> <p>AG said she will keep members update on any actions and further events planned to support this area of work. However, members were encouraged to visit the dedicated website at <a href="http://www.ourhealthiersel.nhs.uk">www.ourhealthiersel.nhs.uk</a> for more information.</p>  | AG to keep PC members updated and share link to OHSEL website |
| <b>4. Items for information and update</b> |   |   |
|  | Procurement updates   |   |
| <b>4.1</b>                                 | <b>MSK – Douline Schoeman (DS) (info presented by AG)</b>   |   |
|  | <p>Fracture clinics have been implemented at QMH on Wednesday mornings. Friday morning clinics will be up and running in March. This will save patients having to travel to the PRUH at attend a fracture clinic.</p> <p>Additional clinics and physio have been established at Erith Hospital. Community clinics are being offered in 2 surgeries in the north of the borough.</p> <p>PC reps on the MSK programme joined AG recently to view the proposed new suite at Junction 8A. AG suggested that PC members visit this at the end of the meeting as it has now been opened.</p>  |   |

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|     | <p>Ophthalmology - Douline Schoeman (info presented by AG)</p> <p>The CCG is on the cusp of signing a contract with King's College Hospital. As soon as this is completed the CCG will continue mobilisation of the new community service.</p> <p>LS highlighted the experience of a resident who had been waiting 3 months for a referral to the service at QMH – only to be told that her care had been transferred to Kings College Hospital. Patient not happy due to difficulties with mobility/transport. Question was raised about patient choice</p> <p>AG to ensure Douline attends next meeting to provide update and discuss any concerns.</p> | <p style="text-align: center;"><b>ACTION</b></p> <p>AG to invite DS to attend next meeting.</p>       |
| 4.2 | <p>Cardiology – Jane Price (info presented by AG)</p> <p>CCG are still working with providers to sign off documents. We have seen some success in recruiting patient representatives and volunteers to the programme board – but more are needed.</p> <p>Andy Mitchell came forward as a representative and AG agreed to share his contact details with Jane Price.</p>   | <p style="text-align: center;"><b>ACTION</b></p> <p>AG to share AM's contact details with Jane.</p>   |
| 4.3 | <p>Urgent and unscheduled care</p> <p>Douline Schoeman - (info presented by AG)</p> <p>The CCG is actively looking to extend x-ray provision on the Erith Hospital site to 8pm Monday – Friday and 10 – 2pm on weekends. We are meeting with the current diagnostic providers and hopefully this will be in place soon.</p> <p>AG to keep PC updated</p>  | <p style="text-align: center;"><b>ACTION</b></p> <p>AG to ensure that DS attended next PC meeting</p> |
| 4.4 | <p>Diabetes</p> <p>Omari McKoy - (info presented by AG)</p> <p>Regular meetings are held with Lewisham and Greenwich Trust and Oxleas. Next step is a proposal of how the alliance will work in practice. Internal discussions are on-going with a progress update due at the beginning of March.</p> <p>There is a joint council diabetes development group who meet to discuss the plans this group includes 2 patient representatives one being Sheila Burston.</p>  | <p style="text-align: center;"><b>ACTION</b></p>  |

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| 4.5 | End of life- dying matters focus group   | <b>ACTION</b>   |
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|     | <p>AG advised that the first meeting of the focus group took place on 11 February 2015. The CCG is working with partners to support a road show during dying matters week 18-25 May 2015. AG to circulate details to PC members about the road show and share notes from the first meeting. TM advised that it had been a very good first meeting and more work now needs to be done to take this forward. AG said it is a difficult subject for most people to talk about and agreed that the CCG needed to capture both patients and carers feedback on end of life.</p>   | <p>AG to update PC members about the road show and circulate notes from the first meeting</p> |
| 4.6 | Challenge Fund   | <b>ACTION</b>   |
|     | <p>Jon Winter advised that a bid had gone off in the middle of January from practices to improve access and quality. Bid wants to increase face to face appointments, improve telephone systems and use new technology. Not sure when CCG will get a response but JW to keep AG informed. This has been a good exercise in getting practices to work together.</p>   | <p>JW to update AG on result of bid.</p>  |
| 4.7 | Co-commissioning   | <b>ACTION</b>   |
|     | <p>Simon Evans-Evans had briefly discussed co-commissioning at the December meeting which stems from 5 year forward plan for the NHS. It is about developing integrated out of hospital services for local population. There are 3 levels of involvement and following local engagement with GPs there was an expression of interest in level 2 which is joint commissioning and involves the CCG working with NHS England. An expression of interest has been submitted and the CCG should hear back from NHS England at the end of February. If the CCG gets the go ahead it will start on 1 April 2015 with a view to going to level 3 later on.</p>  |   |
| 4.8 | Developing insights programme  | <b>ACTION</b>   |
|     | <p>AG confirmed she shared a template which detailed new areas for a work plan to be looked at in the December meeting. AG thanked those who had contributed and highlighted areas of particular interest. As a result the PC meeting in March would focus on District Nursing and Community Services. May would focus on Cancer services and Patient Transport and June – Maternity &amp; children and young people’s services.</p> <p>The PC meeting in March would focus on District Nursing and Community Services. A speaker had been booked for 19 May to talk about Patient Council and Cancer Referrals. The June meeting would focus on Maternity and Children and Young People.</p> <p>Mystery Shopper Scheme – the CCG has received over 600 feedback forms and are averaging a 100 a month. Regular Mystery Shoppers have also been recruited. The CCG triangulates feedback with Quality alerts, complaints NHS Choices and has identified hotspots with the Quality Team where deeper dives are necessary.</p> | <p>PC Members to contact AG</p>   |

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|          | <p>Areas of concern include:</p> <ul style="list-style-type: none"> <li>• Care Homes .</li> <li>• Urgent Care</li> <li>• Transport</li> <li>•</li> </ul> <p>If any of the PC members want to get involved in these exercises please contact AG.</p>   |   |
| <b>5</b> | <b>AOB and date of next meeting</b>   | <b>ACTION</b>   |
|          | <p>Vanguard – expression of interest<br/>Jon Winter updated PC members on this issue.<br/>Terry Bamford asked if the Children and Young People's integrated care bid which had failed had been recycled and put into this bid?<br/>JW advised that he was not sure and that he would respond to TB when he had the answer.</p>  | <p>JW to keep AG updated on progress.<br/>JW to investigate and feedback response to TB</p> |
|          | <b>360 Degree Survey</b>  | <b>ACTION</b>   |
|          | <p>JW advised that the CCG was about to start this survey, which is mandated by NHS England to understand relationships with others including CCGs, providers, local people, organisations, Health and Well Being Board, Healthwatch etc. If you get an invitation to take part please liaise with JW/.AG. Results are due back in May/June then report goes to Governing Body.</p> |   |
|          | <b>Communication and Engagement Strategy</b>  | <b>ACTION</b>   |
|          | <p>JW advised that the current 3 year strategy is coming to an end and the CCG is looking at a new strategy. He is looking for input from PC members. JW will send a survey round and then ask if anyone wants to get involved and hold a few meetings to discuss.</p>  | <p>JW to share survey with PC members</p>   |
|          | <b>Recruitment of Foreign Nurses</b>  | <b>ACTION</b>   |
|          | <p>AM advised that he had contacted local MPs about this issue. On investigation he found out that figures were 1 in 5 and not 4 in 5 as press were stating. AG asked AM to share the information he had and she will forward it.</p>   | <p>AM to share information with AG</p>  |
|          | <b>Maternity Services Liaison Committee</b>   | <b>ACTION</b>   |
|          | <p>Liz Shires asked when this committee would be meeting. AG advised that a new Chair had been appointed and that she would check meeting dates with her.</p>   | <p>AG to speak to Chair of MSLC to get dates of meetings</p>                                |
|          | <b>Date of next meeting</b>   |   |
|          | Tuesday 31 <sup>st</sup> March 2015   |   |

**Close**



## Governing Body (public) meeting

**DATE: 21 May 2015**

### **Executive Management Committee – Executive Summaries Meeting held on 5 March 2015**

#### **DECLARATIONS OF INTEREST**

Drs Fish, Stoate, Bhalla, Deshmukh and Kanani declared an interest in item 36/15 Co-Commissioning and 40/15 CYP Update.

#### **STANDING ITEMS**

##### **CSU Update**

CSU updates on current CSU recruitment, progress on the work of the SEL Delivery Board and Workforce Development Contract Variations and the development of the transformational services through the implementation and delivery of the 5 Year Plan, whole systems integration and service optimisation.

##### **Risk Management Report**

The Executive Management Team noted and reviewed the risks as laid out in the Risk Register Report 10+ and noted the summary provided which had been amended following discussions with the Assistant Directors.

#### **ITEMS FOR DECISION**

None.

#### **ITEMS FOR DISCUSSION**

##### **Co-Commissioning**

The meeting was updated on the current progress and discussion for the CCG's level 2 joint co-commissioning status with final sign off end of March. Governance issues were discussed for the joint commissioning arrangements to facilitate local commissioning with the flexibility to act at scale across south-east London as appropriate. Changes to the Constitution would be discussed at the March GP Engagement Day and agreed by the March Primary Care Advisory Group (PCAG). The PCAG meeting would also be asked to sign off the Annual Accounts to the Audit and Integrated Assurance Committee.

##### **London Health Commission**

Detail of progress on the London Health Commission across London to deliver the outcomes in the Five Year Plan. The Interim London Transformation Group has been set up through the London Health Commission and will be accountable to CCG governing bodies and NHS England. Further discussion on the London Health Commission proposals will take place at the March GP Engagement and PCAG meetings.

##### **Tariff Briefings**

Brief update on new tariff options offered to providers, Option 1 is the Enhanced Tariff Option (ETO) and Option 2 Default Tariff Rollover (DTR) with outcomes of discussions before agreement confirmed for next year's contracts.



## ***Clinical Commissioning Group***

### **LAS 111**

Update provided on current Systems Resilience Group discussions with further discussion to take place at the March Governing Body Public meeting.

### **CYP Update**

Work was ongoing to look at potential/financial/clinical pathways to reflect agreed joint risk sharing for both financial and clinical responsibilities delivered through a vertical care organisation seamlessly jointly by integrated care jointly by health and social care. Further discussion would take place at March GP Engagement day regarding data sharing.

### **ITEMS FOR INFORMATION**

#### **Notes of Meetings:**

Finance Sub-Committee 10 March 2015

Medicines Management Sub-Committee 17 February 2015

Information Governance Sub-Committee dated 13 November 2014

Quality & Safety Sub-Committee 4 September 2014

